

Case Number:	CM15-0201005		
Date Assigned:	10/16/2015	Date of Injury:	07/27/2007
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female, who sustained an industrial injury on 7-27-07. The injured worker was diagnosed as having chronic lumbar post-laminectomy syndrome, chronic lumbar radiculitis, chronic facet joint syndrome, and chronic pain syndrome. Treatment to date has included physical therapy, re-do lumbar laminectomy at L4-5 and fusion in 2008, and medication including Norco, Baclofen, Doxepin, Neurontin, Prilosec, and Vistaril. Physical examination findings on 7-23-15 included diffuse tenderness in the low back and bilateral hips. Flexion, extension, lateral bending, and rotation were limited with pain. Decreased sensation was noted in bilateral calves and ankles down to the feet. A straight leg raise test was positive. On 5-5-15, pain was rated as 6 of 10 and 5 of 10 with medication. On 7-23-15, pain was rated as 6 of 10 and 4 of 10 with medication. On 7-23-15, the injured worker complained of back pain radiating to the buttock with numbness and tingling from the knees down. On 8-7-15, the treating physician requested authorization for Nabumetone 750mg #60. On 9-29-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nabumetone Tab 750 MG 30 Day Supply Qty 60 with No Refills Rx Date 9/18/15:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in July 2007 as the result of a fall and continues to be treated for chronic radiating back pain. When seen, she had recently fallen. She felt her legs were weak. Medications are referenced as allowing her to continue functioning and as decreasing pain. Physical examination findings included an antalgic and slightly spastic gait. There was diffuse low back and hip tenderness. There was decreased and painful range of motion. Straight leg raising caused pain. There was decreased lower extremity sensation. Medications prescribed included Relafen 750 mg #60. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations. The request is medically necessary.